

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 01/28/13

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445504	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2012
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 136 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID PREFIX TAG K 038 SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG K 038	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exit discharge is readily accessible.</p> <p>The findings include:</p> <p>Observation on December 10, 2012 at 12:25 p.m. revealed the sidewalk from the physical therapy department was under water. Approximately twenty (20) feet of the sidewalk was under 1 inch to 1.5 inches of water.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 10, 2012.</p>		<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice? A contractor has been contacted to remove, re-grade, and re-pour the sidewalk.</p> <p>How will the facility identify other residents as having the potential to be affected by the same deficient practice? An audit was conducted of persons needing access to that sidewalk for the means of egress and it was determined that it was not used by any patients, visitors, or staff members in the course of observation. This visual observation was conducted over a five-day period from 17DEC12 to 21DEC12.</p> <p>What measures will be put in place or systemic changes made to ensure that deficient practice will not recur? A contractor has been contacted to remove, re-grade, and re-pour the sidewalk.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? An audit of this sidewalk, as well as other public access sidewalks on our campus will be conducted monthly to insure compliance with the standard. Reports will be made to the QA Committee monthly for three months.</p>	<p>Work Will Begin Before 01/28/2013</p>	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 9CH21

(B)

"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
CMS NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445504	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2012
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and lamp switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the sprinkler system and components were installed per NFPA 13.</p> <p>The findings include:</p> <p>Observation on December 10, 2012 between 12:30 p.m. and 4:00 p.m. revealed the following:</p> <ol style="list-style-type: none"> 1. Above ceiling at room 119, wiring attached to or supported by the sprinkler piping. 2. Pailo area with a non combustible canopy by administration offices has storage of combustible materials with no sprinkler coverage. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on December 10, 2012.</p>	K 056	<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>(A.) The cables in the ceiling that were discovered to be supported by the sprinkler system have been lifted from the sprinkler pipe and are secured in another manner. This was completed on 21DEC2012.</p> <p>(B.) The combustible materials were removed rendering the outside area, without a combustible roof, to be within the parameters of NFPA 13.</p> <p>How will the facility identify other residents as having the potential to be affected by the same deficient practice?</p> <p>(A.) An audit has been conducted of the remaining sprinkler pipes and any other place where this was evident has been corrected. This visual observation and subsequent correction will be completed by 28JAN2013.</p> <p>(B.) An audit was conducted of all outside areas surrounding the facility to determine compliance with the storage of combustible materials. It was discovered that the cited location was the only one requiring action.</p>	01/28/2013	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 024121

Facility ID: TN1602

(28)

"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2012
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 138 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETION DATE	
		K 056 continued	<p>What measures will be put in place or systemic changes made to ensure that deficient practice will not recur?</p> <p>(A.) An audit will be conducted by the maintenance department any time that work is conducted by an outside vendor that may compromise NFPA 13, as it relates to the sprinkler piping.</p> <p>(B.) Visual inspections will be completed weekly by the Director of Maintenance to insure continued compliance with NFPA 13.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>(A.) The findings of the completed audits will be presented to the Quality Assurance Committee.</p> <p>(B.) The findings of the weekly audits will be reported to the Quality Assurance Committee Monthly for 3 months.</p>	01/28/2013	

Form CMS-2567(02-99) Previous Versions Obsolete

Event ID: 901421

Facility ID: TN1502

"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445504	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2012
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 057 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure the fire dampers were maintained in accordance with NFPA 90A.</p> <p>The findings include:</p> <p>Record review and interview with the Maintenance Director on December 10, 2012 at 11:00 a.m. confirmed the facility failed to perform the required 4-year fire damper maintenance.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on December 10, 2012.</p>	K 067	<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>An outside vendor has completed a review of the fire dampers in the facility. A maintenance schedule has been devised to comply with NFPA 90A. The process to meet the maintenance standard of NFPA 90A will begin before 28JAN2013 and will conclude when the vendor has been able to inspect each damper.</p> <p>How will the facility identify other residents as having the potential to be affected by the same deficient practice?</p> <p>An outside vendor has completed a review of the fire dampers in the facility. A maintenance schedule has been devised to comply with NFPA 90A.</p> <p>What measures will be put in place or systemic changes made to ensure that deficient practice will not recur?</p> <p>Based upon the findings of the independent audit, a maintenance schedule has been created that will comply with NFPA 90A. Compliance with this schedule will be reported to the facility Quality Assurance Committee.</p>	<p>Work Will Begin Before 01/28/2013</p>	
			<p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>The maintenance schedule as well as the progress of compliance with said schedule will be reported to the Quality Assurance Committee Monthly for 3 months and quarterly thereafter for three quarters.</p>		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 9CH21

"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

(28)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445304	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2013
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID PREFIX TAG K 147 SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG K 147	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 01/28/2013	
	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation the facility failed to assure electrical extension cords were not in use.</p> <p>The findings include:</p> <p>Observation on December 10, 2012 at 12:40 p.m. revealed that the facility was using an unapproved extension cord for lighting decorations on bushes at the front entrance of the building.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on December 10, 2012.</p>		<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The extension cord being used for Christmas lights, outside that was plugged into an approved external GFCI was removed from service.</p> <p>How will the facility identify other residents as having the potential to be affected by the same deficient practice?</p> <p>A visual audit was completed to insure that no other extension cords were in use.</p> <p>What measures will be put in place or systemic changes made to ensure that deficient practice will not recur?</p> <p>A visual inspection will be conducted weekly by the Director of Maintenance to insure compliance with NFPA 70. Findings of these inspections will be reported to the facility Quality Assurance Committee.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>The results of the inspections will be reported to the Quality Assurance Committee Monthly for 3 months and quarterly thereafter for three quarters.</p>		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HC421

Facility ID: TN1502

"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

(P)